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MAY, 1905.

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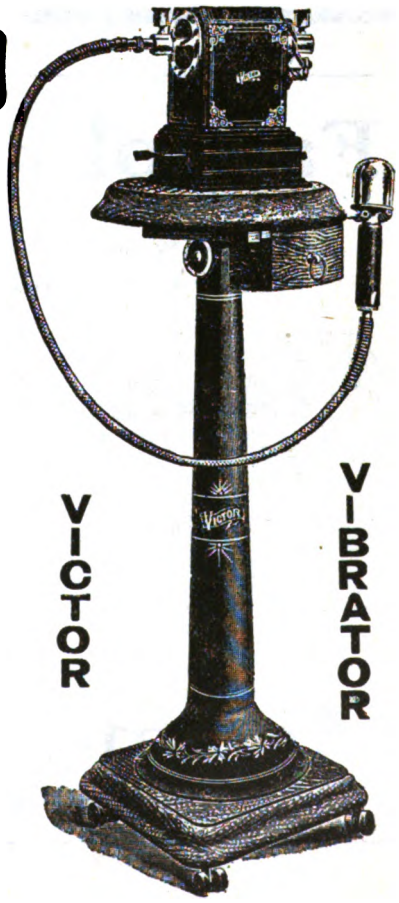

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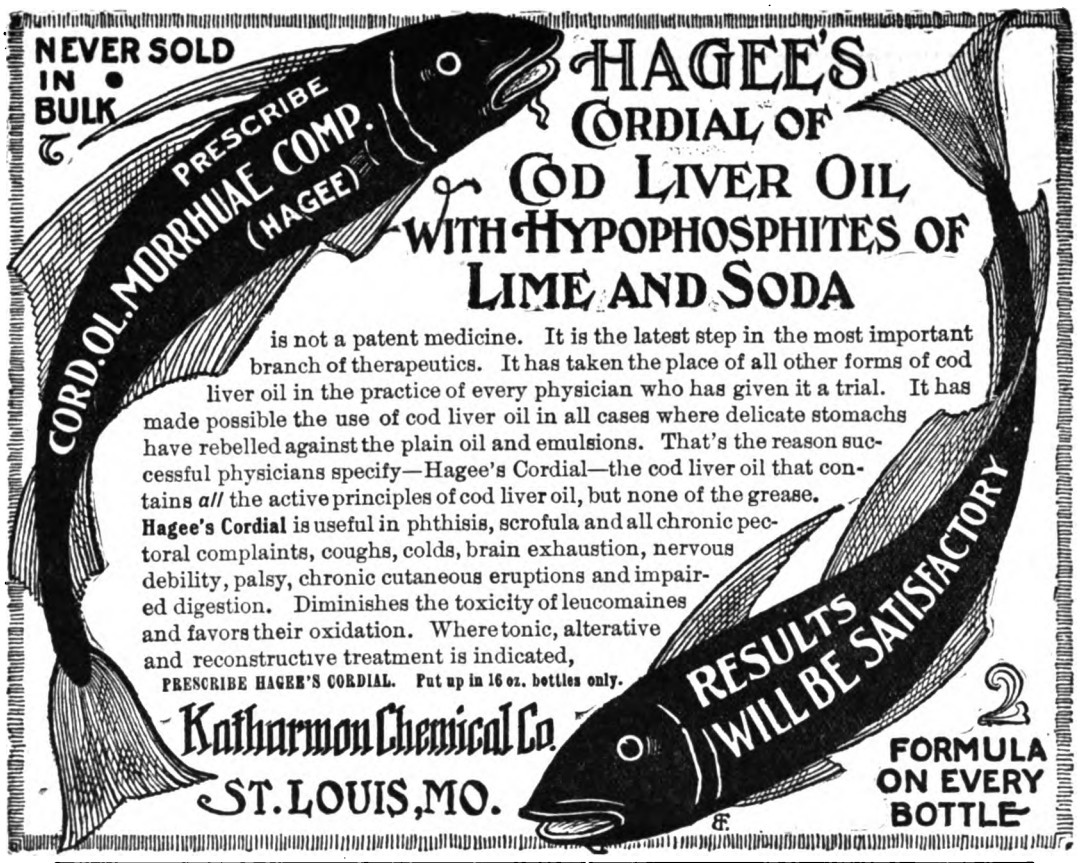
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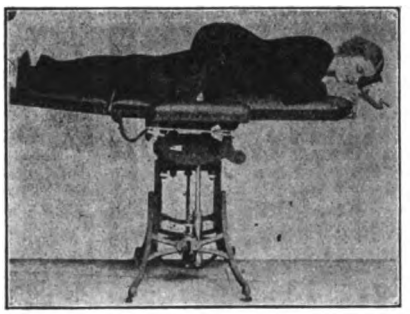

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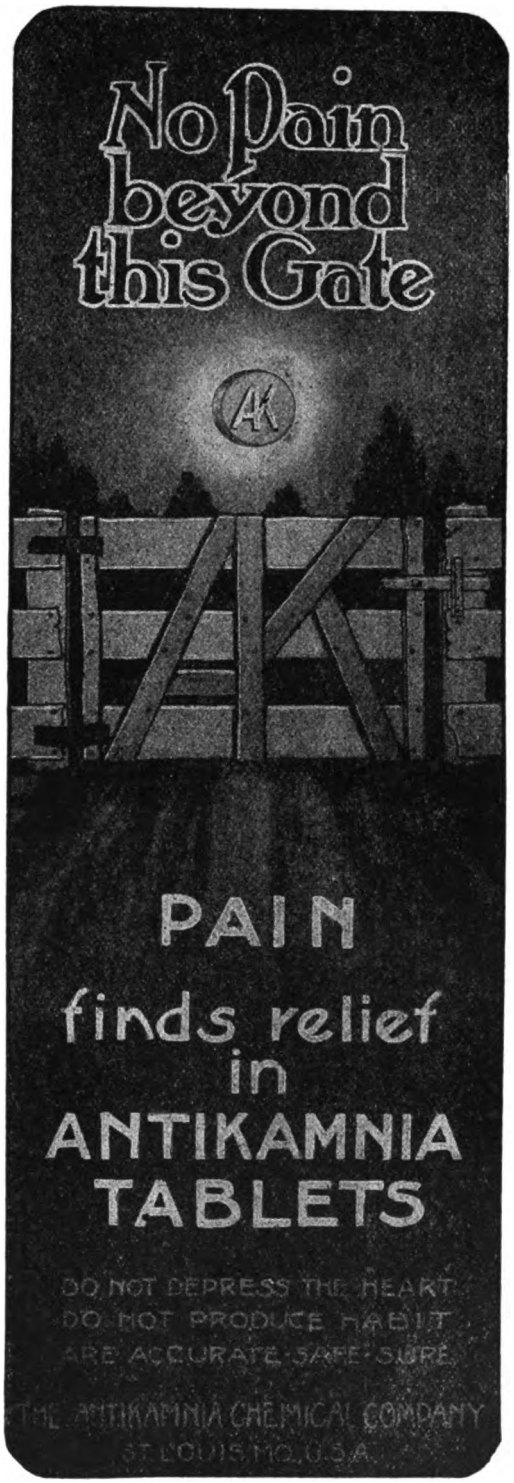

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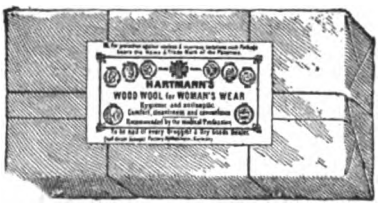

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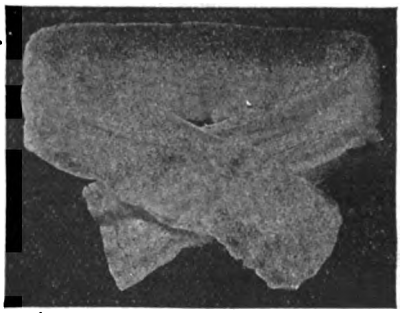

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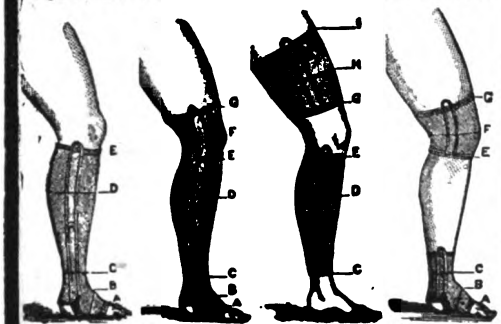

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THE New Albany Medical Herald.

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ORIGINAL.

HEREDITY IN TUBERCULOSIS.

By J. N. Mendenhall, Ph. B., M. D., Clinical Prof. of Medicine in Baylor University College of Medicine, Dallas, Texas.

The last decade has witnessed marvelous achievements in preventive medicine, and in no branch of our art have the results been more marked and beneficial than in reducing the ravages of tuberculosis.

Bacteriology and pathology now enable us to cure and prevent many diseases that were formerly considered incurable and unmanageable. There are so many diseases of microbic origin that the tendency of the profession nowadays is to ascribe all ailments of the human system to some germ, to the neglect of other long recognized and well established laws and causes. One of these laws is that "like produces like or the likeness of some ancestor." All children are born with a predisposition or tendency to certain mental, moral or physical characteristics or peculiarities. It is a false and cruel statement to say that all men are born equal, and that all the differences are due to educational opportunities and social environments. They are born equal only before the law. Thousands of children come into the world weighted with a destiny against which they have neither the power nor the will to contend.

In regard to the possibility of inherited tuberculosis, there are those who believe in its direct inheritance, and those who believe only in the inheritance of a predisposition to the disease. An author (Botz), says that 27.8 per cent. in 2,576 autopsies on children who died during the first year of life showed tuberculosis; clinical evidence, as well as local lesions and experimental results, are all in favor of the congenital occurrence of tuberculosis. The parental manifestations of heredity are estimated at from 10-60 per cent. There is a possibility of the child being born with germs active, or there may be latent or dormant tuberculosis; or the child may not have some natural immunizing agent in the blood. The most frequent method of direct transmission is by way of the blood current through the placenta.

An example of congenital tuberculosis is given in the The Practical Med. Series for August, 1904. A tubercular mother gave birth prematurely to a sickly looking, poorly developed child that gradually lost weight, dying in thirty-seven days, the mother dying twelve days after confinement. A postmortem of the baby showed tuberculosis of the liver, disseminated tubercles of the peritoneum, a tumor the size of a hazel nut in the abdominal cavity, in the region of the liver, and a caseous broncho-pneumonia. The author says that the proof that the disease was inherited rests upon the stage of the tubercular process, saying that five or six weeks were necessary for the development of so large a tubercular mass. He says that the portals of entry would be through structures that would pass through the umbilicus, and that therefore the liver would be the first organ to be involved. There is also a possibility of transmission by the ovum.

There is a racial as well as a family predisposition to tuberculosis.

Of 500 autopsies in children at the Munich Pathological Institute, in 150 (thirty per cent.) tuberculosis was present, and in over ninety-two per cent the lungs were involved.

In consideration of the above thoroughly established facts, preventive measures should be directed to the origin and very fountain head of tuberculosis; viz., the parents. A large per cent—perhaps a majority—of all cases are inherited directly, or have a predisposition or weakness, to the disease. Other prophylatic measures are proving valuable and effective aids in diminishing the ravages of this most terrible scourge. Among them may be mentioned: notification and registration, bacteriologic examination of sputum as a means of verification of the diagnosis, periodic inspection of schools and of the homes of the tuberculous the absolute segregation or isolation of tubercular cases in workhouses, asylums, and other public institutions, the disinfection of places vacated by consumptives, the education of the public in all matters pertaining to the prevention of tuberculosis, and the enforcing of the sanitary regulations in regard to spitting, etc. Also preventing all diseased and suspicious immigrants from landing in this

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country. In addition to these, a law passed by every State prohibiting the marriage of a person with tuberculosis in the advanced or active stage, would be a wise, just and economic provision, and would further decrease the number of victims of this fearful plague. Unfortunately tuberculosis does not destroy the procreative power of the individual, and conception may take place in an advanced stage of the disease.

Dr. Osler says: "With existing disease, fever, bacilli, etc., marriage should be prohibited." Also that "when tuberculosis" has existed in a girl (who is not suffering from the disease in its active stage) whose family history is bad, whose chest expansion is slight, and whose physique is below the standard, etc., the physician should, if possible, put his veto upon marriage.

A law of this character to become effective must be backed by an educated, enlightened public sentiment, brought about by agitation in the pulpit, parlor, press, schools, and especially by the physicians. No one should be allowed to marry without a certificate of health and good character.

REMITTENT FEVER.

By J. A. Burnett, M. D., Pauline, Ark.

Bilious fever, bilious remittent fever, marsh fever and typho-malarial fever are synomyms for remittent fever. It was also called gastric fever by old writers. Remittent fever is a paroxysmal fever with exacerbations and remissions. The temperature is always above normal. There is a cold or chilly stage which does not always recur with each paroxysm. There is also a hot stage in which there is always headache and gastric irritability. In some cases there is a sweating stage, but this does not occur in all cases. The spleen will be enlarged, soft and filled with blood, the liver congested and swollen, the brain hyperaemic and the gastro-intestinal canal hyperaemic. This type of fever somewhat resembles typhus, but does not have the nervous symptoms which are present in typhus. It occurs in temperate climates chiefly in the latter part of the summer and in the fall, hence Marchiafava and Celli called it aestivo-autumnal. After the cold stage which is a moderate chill, there will be a rise of temperature of a few degrees in the hot stage, there will be persistent vomiting. The tongue will be coated and dry, the face flushed, the bowels constipated and the urine scanty

Remittent fever is not often mistaken for typhoid fever, as in remittent fever there will be no diarrhoea, tympanites, deafness or prostration as is the case in typhoid fever. The prognosis in uncomplicated cases of remittent fever is usually favorable. In the treatment of remittent fever, quinine will often be of much value. It can well be given in combination with other remedies as follows

℞

Quinine Sulphate, gr. xxx.
Acetanilid, gr. xx.
Pulv. Capsicum, gr. x.

M. Sig. divide into ten doses and give one every two or three hours.

Before any quinine or other preparations the alimentary canal should be thoroughly cleaned out and for this purpose the following will be of much value:

℞

Calomel, gr. ij.
Podopyllin, gr. iij.
Sodium bicarbonate, gr. iij.

M. Sig. Divide into six doses and take one every thirty minutes until all are taken. This should be followed with medium sized doses of sodium hyposulphite until the bowels act freely, and repeated each day until the tongue is cleaned off

When first called to a case that has not taken anything, that is vomiting bile and the pulse is full; an emetic of lobelia or lobelia and myrica cerifera will be of much value and will well prepare the patient for the action of other remedies which are to follow. Sabbatia angularis is a remedy which is of much value in the treatment of remittent fevers. It can be given in half drachm doses of the fluid extract every three hours about six or more doses in every twenty-four hours. In ordinary cases six doses will be enough, while in more stubborn cases it can be given every three hours all the time. Sabbatia angularis can be combined or alternated with other remedies when the pupils are contracted and the patient restless with much fever and increased heat in the head, it can be alternated with gelsemium, as this remedy is one of our best febrifuges in remittent fevers. It is far superior to aconite in such conditions When there is a cankerous taste in the mouth and the extremities are prone to become cold, myrica cerifera should be combined with sabbatia. Often when the secretions are not free asclepias can be alternated or combined with sabbatia. There are various other remedies which will do good work when combined with sabbatia angularis in the treatment of remittent fever; for instance capsicum ginger or xanthoxylum when stimulation is needed or chionanthus when a good hepatic stimulant is needed. It can be alternated with sodium hyposulphite when much constipation exists.

MUSHROOM POISONING.

By Edward S. Berry, M. D. Shippensburg.*

In view of the number of cases of mushroom poisoning that are reported in the newspapers every summer, and the risks that are taken by novices in gathering these fungi, it seems to me that this particular

*Pennsylvania Medical Journal.

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subject has not been as generally and as thoroughly known by the average physician as it should be. There are certain centers where this subject has been studied, but it seems, rather as a fad than to enlighten the general public.

In the average text-book of to-day, not more than a score of lines is devoted to this subject, and once in a while, some practitioner who has had a fatal case, reports it to his favorite medical journal and the subject is then dropped. I admit there are men who deserve great credit for their work in this particular branch of medicine, but the results of their work are not brought to the attention of the general practitioner. Circular No. 13, Department of Botany of the United States Department of Agriculture, should be in the possession of every medical man in the country. I believe that at present, several men who have made a special study of this subject are preparing books which will be a great aid to those who gather and eat these fungi, and to the physician who is called upon to treat a case of mushroom poisoning. The cases I wish to report are extremely distressing, and would not have occurred had it not been for an article published in one of our popular journals, describing edible mushrooms, and carelessly omitting sufficiently to describe the poisonous varieties.

It is said that there are in the United States, about one thousand varieties of mushrooms, and about one hundred and fifty of them are known to be edible. Ten varieties are absolutely poisonous, and about fifty are doubtful and should consequently be left alone. The majority of our edible mushrooms are of the genus Agaricus while the ones commonly causing the cases of poisoning are of the genus Aminita. Most of the poisonous ones have some distinguishing characteristics by which they may, after a little study, be readily differentiated. It is commonly supposed that a mushroom is perfectly edible, while the so-called "toadstool." on which toads are supposed to sit, are poisonous. Now this is simply popular fallacy and not the exact way of stating it. Many, if not the majority of the fungi, commonly called toadstools, are perfectly edible, while the beautiful white mushroom may be the deadly poison cup. The Century Dictionary gives the following definition of toadstool: "A common name for numerous umbrella-shaped fungi which grow abundantly on decaying vegetable matter. It is usually restricted to the genus Agaricus but also is extended to various allied fungi, and still further is sometimes applied to almost any fungus that is large enough to attarct general attention. Popularly, the name toadstool, is applied only to those fungi, supposed to be poisonous, as distinguished from mushrooms or edible forms; while as a matter of fact, all true toadstools belonging to the genus Agaricus, or closely allied genera, are really mushrooms, and may or may not be poisonous."

It frequently happens that an edible species is associated with highly poisonous species, or grows in similar places, and can be detected or distinguished only by competent authority, or by a careful microscopic examination.

Toadstools or mushrooms, either or both appear on the surface of the ground, stumps of trees, or elsewhere, in the form of small solid balls, which grow and gradually shoot out into a stem bearing a cap, or pilus on its top, resembling, after a little time, an umbrella. This is first closed around the stem, and as the stem grows, it expands, and in some varieties the edges of the cup turn up, and at a later stage, split. The first growth are buttons, which are the ones usually bought in cans. These buttons arise from a mass of threads, called the spawn or mycelium, The spawn can be kept indefinitely like leaven.

In France the cultivation of the mushroom is carried on quite extensively, and I believe to a certain extent, here in the United States. When we consider the amount of nutriment that this article of food contains, it is not at all surprising that it should be so popular. It is in fact, identical chemically and gastronomically to meat, and contains the same nourishing properties. And what is more, it is a delicious article of food.

It would not be in place in a paper of this kind to describe the different varieties of edible mushrooms, but it is quite necessary to describe, if only briefly, the common varieties which cause poisoning.

The Aminita verna, Aminita muscaris, or fly mushroom, and Aminita phalloides, are the deadly varieties that cause nearly all of the fatal cases. The last is the most deadly of the three.

I believe nearly all authorities consider Aminita verna as possessing the same deadly properties as the Aminita phalloides. The Aminita muscaris, or fly mushroom, is the most common. Decoctions of this fungus are used to kill flies. It is found during summer along roadsides, at the edge of fields and in the groves. It does not occur in the grassy pastures preferred by the common mushroom. It attains a large size, the gills are pure white, has a hollow stem, which is bulbous at the base, and the cap varies in color from a yellow to a bright orange or red. On its surface is found a number of warty scales, which can be easily scraped off. The stalk is white, has a large collar, which hangs down from the upper part.

The poison cup or Aminita phalloides, grows in the woods, and on the borders of

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fields, and does not grow in meadows. The cap is usually pure white as are also the gills and the stem. When wet, it is slimy and has a peculiar rank odor. There are no distinct warts like on the former. As a general rule, beware of those fungi that have little white gills, hollow stem, and sit in a socket, or are bulbous. Do not rely on the common rules, as the silver spoon test, or the odor test, or the peeling of the cap test, for if you do, you will very likely get into trouble. Only those specimens past the button stage should be gathered, as it is difficult to distinguish species at this time.

Reject those that show the slightest bit of decay, or are worm eaten. All edible mushrooms should be cooked soon after gathering. It is said by some authorities that by soaking the poisonous varieties in salt water and vinegar, the poison can be extracted. This may be so, but common sense will tell you to run no risk of that kind.

The following is a brief account of the cases: Mr. J., wife and five-year-old child, while spending their vacation in Shippensburg during August, gathered and ate what they supposed were edible mushrooms. They had never gathered them before, and considered themselves quite fortunate in being able to secure such quantity of the delicious food. These mushrooms were gathered on the morning of the 25th day of August, 1898, and were eaten that day for dinner, (12 o'clock), and a quantity that was left over, was warmed up for supper. A slight feeling of dullness and nausea was experienced both after dinner and after supper. I think the lack of more intense symptoms after dinner was owing to the fact that less of the gravy was eaten than at supper, and also those eaten for supper, being warmed up, aggravated the symptoms. Mr. J. tells me that when he was assisting in gathering the mushrooms, he noticed some of them having a very disagreeable odor, and that the cooked ones had the same odor, and it seemed as though he could smell them about him when sick. I gathered some of the same kind eaten, and noticed also that peculiar rank odor. This, I believe, shows that the fungi had undergone decomposition, and that these people suffered as much from ptomaine poisoning as from mushroom poisoning. About 12 o'clock that night the three persons were awakened by an intense feeling of nausea, which soon resulted in violent vomiting and purging. I was asked to send them some medicine for what they said was cholera morbus; this I did, not knowing anything about their having eaten the mushrooms. About 3:30 that morning, I was again called, and this time went to see them. I found them vomiting and purging frightfully, pupils at this time were contracted, pulse rapid but regular and breathing rather labored. This state of affairs continued the next day. The vomitus and stools choleraic, pulse very weak. lead color of skin, eyeballs were jaundiced, muscular twitching, and cramps in calves of legs. At the end of the second day the child seemed somewhat better, while the mother was getting worse and the father remaining about the same.

Stools were purple, urine saffron colored, and about this time became suppressed. The vomitus had a peculiar offensive odor, the skin was moist and cold, and temperature about 100 degrees Fahrenheit. The pulse from this time on, of the mother and the child grew steadily weaker until the beginning of the third day, when I was suddenly called again, and found it in both cases imperceptible. About six hours before the child's death he had convulsions, saliva was running from his mouth, and the skin was greatly discolored. He would put his hands to his throat as if to pull something away that was choking him. The mother did not have convulsions, but was extremely nervous, rolling and tossing from side to side and muttering at times. The jaws of both mother and child were stiff. The mother died about five hours after becoming unconscious. The father remained in the same condition as he was in at the end of the second day; he was dull and did not seem to be alarmed about the condition of his wife and child, although he knew they were unconscious. He complained of his eyesight being bad. The gastro-intestinal symptoms ceased and from this time on he gradually recovered. The leaden color of the skin, cramps in calves of legs and muscular twitching, continued for about a week afterward. These symptoms clearly show, that there were evidently two poisons at work—the muscarin, with its symptoms, and either phallin or ptomaine, or both with their train of symptoms.

The gastroenteritis, fever, accelerated pulse, nervous prostration, great muscular weakness, dimness of vision, dyspnea, and cramps in the calves of the legs, are the symtoms that would point most certainly to ptomaine poisoning; but I believe it is not quite determined whether or not phallin produces these symptoms, or whether they are produced by the ptomaine. These fungi being largely composed of nitrogenous matter, are readily decomposed, and may become the cause of ptomaine poisoning.

Kobert says that the poisonous principle of the death cup is altogether different from that of fly mushroom, but opposed to this is the statement of Charles McIvaine, President of the Mycological Center in Philadelphia, who has together with Doctors Carter and Chittenden, of Yale, been making numerous experiments both on themselves and upon animals, which says that so far as their experiments have gone, the results do

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not indicate any difference between the effects of muscarine and phallin. If this be true, the usual symptoms attributed to the phallin are caused by ptomaine; for these symptoms surely are typical of ptomaine poisoning. Professor Carter in experiments made upon cats, a year ago found in only one instance that the Aminita phalloides effected the respiratory system

Mr. McIlvaine says that up to this time, it is not proven that it affects any other than the circulatory and nerve centers.

I am, however, inclined to take the view that the symptoms often supposed to be caused by the active principle of one of the poisonous fungi are really the results of ptomaine poisoning. These fungi, as has been said, are rich in nitrogenous matter, are very readily decomposed, moreover, the symptoms are identical with ptomaine poisoning, and the treatment very often proves to be as futile.

Pouchet, in an article denies that the active toxic principle of toadstools is muscarin, and claims it to be an albuminous compound similar to the toxin found in putrid organic matter. Muscarin has, nevertheless, been isolated and produces, when injected into an animal, certain peculiar symptoms. It is according to Schmideburg, a colorless, syrupy mass without odor or taste, easily soluble in water, especially acidulated, and is alkaline in reaction. It is present in the dry fungus to the amount of one-fifth of one per cent.

The symptoms that are attributed to muscarin usually appear shortly after eating, but they have been known to appear, however, as late as twelve hours afterwards. Colic, vomiting, purging, soon appear, together with contraction of the pupils, dimness of vision, slow and thready pulse, and short and labored respirations. Finally at the end the pupils dilate, the extremities become cold and moist, the heart weakens, and the patient falls into a stupor. In fatal cases. death at last ensues from gradual weakening and final paralysis of the heart.

Charles McIlvaine says that his experiments upon dogs show that injections of minute quantities of an infusion of any of the poisonous Aminitae are fatal in from twelve to fourteen hours. These fatal effects can be arrested at any but the final stage by varied doses of tropin; this drug is without question, the antidote to muscarin poisoning and should be used heroically.

One-fiftieth of a grain is a dose to start with, and should be continued until its physiological actions are noticed, and continued as found necessary. Lander Brunton states that the heart of a frog, having been arrested four hours by muscarin, has been caused to pulsate again by a minute quantity of atropin being brought into contact with the organ. In adition to the use of the atropin, the fungus remaining in the gastro-intestinal tract should be removed.

This is done by using the nondepressing emetics, such as sulphate of zinc, etc. Usually by the time the physician sees the patient, all of the undigested particles have been ejected, as was the case in those I treated. The action of the heart should be carefully noticed. The patient should be kept quiet in bed, and tincture of digitalis given in ten drop doses as often as needed. Boehm has shown that in digitalis poisoning of the frog, even when systolic cardiac arrest has occurred, muscarin will often restore the heart, a proof that real antagonism exists in their action. Brandy and ammonia should also be administered as required. Every effort should be made to keep the patient alive, for if we can tide him over the crisis, there is a good chance for his recovery. Heat should be applied to cardiac. and epigastric regions, galvanism and inhalation of oxygen should all be used if necessary. In other words, if you have a case of mushroom poisoning, fight from the very beginning.

In regard to the Aminita phalloides, there is but little to be said that is reliable. The active principle is called phallin, toxalbumin, which on boiling is coagulated and said to be rendered inert. If this is the case, then my patients died, as I have said, from muscarin and ptomaine poisoning, and not from phallin poisoning, for these mushrooms were stewed, and that should certainly coagulate the toxalbumin. The symptoms from this poison, came on from nine to fourteen hours after the ingestion. Phallin, it is said by good authority, destroys the red corpuscles, the serum escaping into the intestinal canal, and thus draining the whole system. There is often considerable abdominal pain, cramps in calves of the legs, convulsions, and tetanic spasms, weak pulse, nausea, vomiting and extreme diarrhea. The intestinal discharges being choleraic. There is seldom loss of consciousness. There is no known antidote to this poison. The alimentary canal should be cleared of all undigested fungi; stimulants such as nitroglycerine, strychnine and ammonia should be employed. I believe that venous injections of normal saline solutions offer the best hope. I have been able to tabulate twenty-two cases, with thirteen deaths, or a mortality of fifty-nine per cent. Mr. Palmer collected thirty-three cases, twenty-one of which were fatal, or fifty-three per cent. Dr. E. J. Foster, of Boston, has tabulated from American medical journals, practitioners and daily papers, forty-four cases with fourteen deaths or about thirty-two per cent.

I wish to acknowledge my indebtedness

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to Charles McIlvaine and to Circular No. 13, Department of Botany United States Department of Agriculture, for information in the preparation of this paper.

MUNICIPAL CONTROL OF TUBERCULOSIS.

By John W. Huddleston, M. D.*

I shall naturally dwell chiefly on the concrete example that control afforded by the city of New York, both because I am most familiar with the work there and because such control has been exercised in that city perhaps earlier than in any other large city, and certainly to an extent hitherto unknown elsewhere. The possibility of this pre-eminence has been due to two factors: First, the large powers of the board of health, which, exercised over a long term of years, have made its action familiar, unquestioned and generally respected; and second, the presence, as an officer of the board in various positions, of a man of great scientific zeal, curbed by such conservative judgment and enforced by such strength of personality, that his advice and recommendations have been adopted by the board. I refer, of course, to the present medical officer, Dr. Hermann M. Biggs.

It may perhaps be now assumed that the desirability of some control of this particular communicable disease, tuberculosis, by municipalities and towns is admitted. This assumption, however, has been justified only very recently, for it is easily remembered that even physicians, not to speak of the lay public, felt until within a very few years that the problem of control of a disease so slow in development, so long in its course so varying in its communicability, so different in other words, from the diseases usually called contagious, as tuberculosis is, is not capable of wise solution by any sanitary authority. The contest in favor of such control, however, has at last been won, at least in some places, and the question there now is how far such control should be exercised, and by what means it may be exercised.

The first question is naturally with what authority must boards of health be endowed to assume control? Nothing can be accomplished unless the boards of health in cities and towns have certain fundamental powers. The New York board has inherited the powers, which have been at various times conferred through the different charters of the city of New York, and these powers have tended rather to grow than to diminish. Those powers most important for the matters under discussion are the following:

HEALTH BOARD'S POWERS.

The board may, when it deems necessary, require reports or information on all subjects relating to health. It may exact those reports from dispensaries, hospitals, asylums, prisons, schools, theaters and from private physicians.

It may remove to a proper place any person sick with any contagious or infectious disease, and it may build and control hospitals for the reception of such cases.

It may forbid all communication with the house or family in which there is contagious or infectious disease.

It may make and enforce a sanitary code—i. e., a body of city regulations, in which it may list the diseases of which it will take cognizance, and it may embrace in this code all matters to which the authority of the board extends.

It may order renovation or repairs in a house, and if the orders are not carried out by the owner, may itself do what is necessary, and record the expense as a lien on the property.

Finally, it may enforce its orders under the penalty of a misdemeanor if the order is disobeyed.

Such authority as this is necessary before all suitable measures for the control of tuberculosis can be carried out.

The second question is, if the authority is granted, what measures may be adopted?

In the first place, it is necessary to know the problem. It is necessary, that is, to know what cases of tuberculosis are to be found in the area under the control of the board, and to know the distribution of the cases—i. e., the infected houses. Moreover, it is necessary to know in what condition those cases are; to know if they are cared for by private physicians, or if they are uncared for; and if they are uncared for, it is necessary to know whether they are in a condition dangerous to the public health or not.

This information is obtained chiefly by compulsory notification and registration of cases—the first essential in the control of tuberculosis as of every other infectious disease. It has been found a useful wedge in introducing this requirement of notification, to exact the information, first, from the hospitals, dispensaries and asylums before making it compulsory for physicians to report the case. In New York, public institutions were required to report three and one-half years before the requirement was extended to physicians. In 1904, 11,500 new cases of tuberculosis were reported in Manhattan up to December 1st. In various minor degrees this information about cases is also obtained by the visits of patients to the health department clinics, and by the discovery of cases through medical inspectors, tuberculosis nurses and other department employees.

In requiring notification, it must be recognized next that physicians are not always prepared to make the diagnosis which they are expected to report, and are not always competent to make the diagnosis. As it is of the utmost importance that cases should be recognized as early as possible, aid must

* Yale Medical Journal.

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be given by the board. Just as expert diagnosticians are provided for the aid of physicians having cases of possible small pox, scarlet fever, measles and similar diseases, so aid may be extended in making the diagnosis of tuberculosis. This aid might extend to the point of providing expert diagnosticians to make a physical examination, or to make a skiagraph of a suspicious case and report, but such aid has not been adopted at present. An aid which has been found most valuable to the board, and most helpful and welcome to practitioners, has been the provision of free examinations of sputum. Such aid is a factor in increasing co-operation betaween the board and physicians. In the first eleven months of 1904, 15,294 specimens of sputum were examined in the laboratory of the New York City Health Department, and of these 5,537 were found to contain tubercle bacilli. The ease with which the laboratory can be consulted is much increased by the establishment of about two hundred stations in New York City, where the bottles, blanks, etc., for the collection of specimens of sputum can be obtained, and where the specimens may be left for department collectors.

With the knowledge of the cases there comes next the question. what can be done to prevent danger from them to the public? Cases fall roughly into three classes—those under private medical care; those under public medical—i. e. institutional care; and those under no care. If the case is under the care of a private physician it may be assumed that the proper and necessary sanitary precautions are advised. The requirement of notification is here a useful hint to the physician that the sanitary care of the patient has a public interest. If the case is under institutional care, whether the institution be a general or special hospital, prison or school, asylum or home, the health department should exercise supervision over that case. It should, for example, require that these patients be maintained in separate rooms or wards, and should take cognizance of the disinfection employed. If the case is under no care there is every reason why the health department should take care—i. e., should advise and enforce its advice. To do this, it should provide three classes of institutions—dispensaries for ambulatory cases, hospitals for advanced cases and sanatoria for incipient cases. All of these should provide treatment and instruction. Previous to 1904 ambulatory cases were treated in New York either in the classes of general medicine in the various dispensaries of the city, a disposition of them which inevitably led to their neglect, or in the very few special classes for tuberculosis which had been founded. On account of the totally inadequate attention given these cases, the health department clinic for the Treatment of Communicable Pulmonary Diseases was fitted up during the early months of 1904, and was opened on March 1st in a new building especially designed for the purpose.

Its objects are the early recognition and accurate diagnosis of pulmonary tuberculosis, the careful supervision of persons receiving treatment, the continued observation at their homes of indigent and ambulatory cases, the provision of a municipal institution where cases of tuberculosis may be referred by physicians and others, the various charitable organizations, and institutions discharging patients, and the extension and strengthening of the sanitary control of tuberculosis by the department.

The staff consists of sixteen physicians, of whom twelve are volunteer, four nurses, two orderlies and three cleaners.

From March 1st to December 1st, 9,712 patients have been received, of which 2,424 were new and and 7,288 old.

The total number for March was 690, while the total number for October was 1,180 sufficient evidence that there has been a steady increase in the attendance.

VISITATION OF CASE.

The careful supervision of ambulatory cases implies the visitation of the cases at their homes by corps of aids, and for this purpose trained nurses, carefully selected, have been found to be especially efficient. There is now a staff of seven district tuberculosis nurses whose duties are to investigate cases of tuberculosis among the poor at their homes, to give the necessary instructions and to see that they are carried out.

The medical care of the tuberculous is often so largely a matter of nourishment that it is inevitable that the provision of suitable food, especially milk and eggs, should be a part of the work—and therefore the dispensary supplies milk and eggs to indigent cases. Here the investigations and reports of the nurses are invaluable, for the opportunities for fraud in seeking help and for pauperizing in offering such help are obviously large. Aid is obtained in this discrimination also from the trained workers of the charity organization. Sanitary cuspidors are also supplied, and the simple possession of these becomes to the possessors an element in education. Not only do the nurses report on the economic status of patients, but also on the probable source of infection, the sanitary condition of the premises occupied, and the desirability or necessity of institutional care.

The principal reason for the existence of a health department hospital is the necessity of caring for cases which are forcibly removed from their homes. Such cases are frequently discharged from other hospitals as not amenable to discipline, but it is, of course, those very persons who are especially dangerous to the community, and who need especial care.

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Another important class of cases is composed of those whose homes are notably unsanitary on account of poverty or overcrowding.

At present the health department hospital for tubercular patients serves to some extent a double purpose, as it receives both advanced and incipient cases. With the expected provision of a sanatorium exclusively for incipient cases, the present institution will undoubtedly serve as the hospital for advanced cases. Some account of this hospital may be of interest. It is situated on North Brothers' Island, has a sufficient capacity for about eighty patients, and is now composed of three pavilions. One is occupied by the female patients; a second by the more advanced and febrile male patients, and a third by the more favorable and afebrile patients.

The diet is liberal both in quality and quantity. In addition to the regular meals there is an auxiliary diet to which the patients can help themselves at pleasure between meals. This is furnished by the presence in every ward of a table upon which are placed quantities of milk, raw eggs, sugar, lemons, cracked ice and carbonic water. A number of patients are on an exclusive milk diet. They each consume from three to five quarts of milk a day, and many of these have shown remarkable gains in weight, despite the existence of active symptoms of the disease, such as fever, night sweats, etc.

There is a rising bell at six in the morning, at which all ambulatory cases are required to get up, after which the wards are thoroughly cleaned. First, all loose dust is removed by means of a damp cloth attached to a broom, and then the floors are thoroughly scrubbed. The meal hours for the patients are: Breakfast at 6:30 a. m., dinner at 12 m., and supper at 5 p. m. All patients must be abed and lights extinguished at 9:30 p. m. Rounds are made twice daily, morning and night, by the physician-in-charge or his assistant. In addition, the visiting physician, at least once a week, examines carefully the new arrivals and bed patients and any ambulatory case who is in need of extra attention. It is intended that every ambulatory patient shall have a thorough physical examination at least once every four weeks. The bed patients are, of course, seen as often as is necessary.

Drugs are little used, but the importance of living in the open air is impressed upon all patients and in most instances these instructions are followed cheerfully. A solarium is now being erected to aid in this part of the treatment.

Rest is the main treatment used for pyrexia. All patients are warned not to take any exercise whatsoever unless specifically directed by the physician, as it is thought wiser to err on the side of enjoining too much rest than to allow the patients to endanger their chances of recovery by indiscriminate exercise. For the cases in this hospital hardly any exercise is indicated other than slow deep inspirations.

With the class of patients in such an institution discipline is the great difficulty. Great vigilance is required to keep the patients from expectorating on the grounds. Familiar and formal talks and lectures are given on the danger of the spitting habit, and the necessity for the destruction of the sputum. The aim is to get patients interested in the subject so that a strong public opinion in favor of all rules may be formed, and so that the patients may themselves promptly report any dangerous infraction of the rules on the part of any of their associates. The attitude of the patients towards the management is, with hardly an exception, one of friendliness and appreciation, and this friendly relation is of incalculable aid in the sanitary control of the institution. Rigid quarantine is enforced for the occasional refractory patient who is dangerous to his fellows.

One of the patients is thoroughly drilled in methods and engaged at a monthly salary to attend to the emptying of the sputum cups and the destruction of the sputum. About 360 ounces of sputum are daily mixed with sawdust and incinerated in a crematory.

Every Monday, before the noonday meal, all the patients in the institution are weighed and the record is kept by the nurse. Excepting in the far advanced cases, most of the patients show a rapid increase of weight. Patients on milk diet seem to do exceptionally well in this respect.

The number of patients admitted during the year 1904 is 225. The number of deaths 63. The high mortality figure is accounted for by the advanced stage in which many of the cases are received. There are two classes of cases, voluntary and forced-in, and the latter cases are, of course, almost invariably far advanced and soon succumb to the disease. The occurrence of death is often very sudden, the rest, hyperalimentation and hyperaeration sustaining the patients until their physiological functions suddenly fail and death ensues. In this way many deaths occur without apparent warning, and after little or no confinement to bed.

Upon admission each patient is provided with a sputum cup or bottle and instructed by the nurse as to the infectiousness of the sputum and the necessity for its destruction. His clothes are taken from him, are disinfected and stored until the time of departuse, and in their stead he is provided with the regular institution uniform. Upon the patient's departure he receives a copy of the department's circular of "Information for Consumptives and Those Living With

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Them," printed in the language with which he happens to be most conversant. Each patient costs the department about $1.50 per diem to maintain while there.

RULES FOR NURSES.

The following extracts from the rules for nurses may be suggestive:

"1. The nurse is responsible for the cleanliness of her ward. She must under no circumstances allow dust to accumulate anywhere. The tops of windows, doors, transoms, closets, etc., must be regularly inspected and kept dust free. All dust shall be removed by wiping with a damp cloth. The dust on the floor must be gathered by means of a broom covered with a damp cloth, and the floor scrubbed daily with hot soap suds. This cleaning must be completed before 9:30 a. m., which is the physician's hour for making rounds. Patients must not be allowed to brush clothing or shake blankets or bedding in the wards.

"2. Immediately upon the arrival of a patient at the sanatorium it is the duty of the nurse to instruct him as to the infectiousness of the sputum and the necessity for expectorating into a cup or flask; also in matters of personal hygiene, such as the avoidance of soiling the hands, face or clothing with sputum, the necessity of holding a cloth before the mouth when coughing, and washing the hands before meals. The nurse must correct the patient each time she observes the slightest deviation from any of these instructions.

"3. The nurse must allow no patient to be in the ward while the same is being cleaned. She will be provided with a respirator, which she is urged to wear during this process to avoid the inhalation of infectous dust.

"4 The nurse must supervise the cleaning of the sputum cups and see that the helper detailed to do this work performs it in a thorough and efficient manner, so that there will be no spread of infection by these means. The floor and wainscoting of the vestibule in which the cups are cleaned must be washed daily with a five per cent. solution of carbolic acid. Sputum flasks must be cleaned by the patients themselves, according to the following directions:

"The contents of the flasks are to be emptied into the can used for sputum. The flasks is then to be taken to the sink and thoroughly rinsed in hot water until clean, washed with a five per cent. creolin solution both inside and out, and finally filled one-third full with the same solution. The patient must then thoroughly wash his hands with soap and water.

"5. The nurse should supervise the ventilation of the wards and must, under no circumstances, permit the patients to raise or lower the windows. On clear, temperate and windless days, all windows should be open. On stormy and very cold days the windows should be closed to the windward and open on the opposite side. The nurse should use her discretion to obtain the greatest possible access of fresh air without creating marked draughts. During the cold weather the temperature of the ward should not be higher than 45 or 50 degrees F. All windows should be closed and the ward warmed during the half hour preceding the rising bell.

"6. Patients going out on pass must be provided with pocket sputum cups sufficient to last the duration of the leave of absence, and also with the Department's circular of 'Information for Consumptives.' This circular must also be given to patients upon their discharge from the sanatorium."

RULES FOR PATIENTS.

The rules for patients are the following:

"1. Never spit on the grounds, on the floor of the wards or toilet rooms, into the sinks, or anywhere except into the cup or bottle provided for that purpose.

"2. Carry your sputum cup or bottle with you wherever you go. Never leave it lying about on the grounds. If your cup is more than half full, exchange it for a fresh one at the place appointed for that purpose. If you have a bottle you must clean it yourself according to the instructions you will receive from the nurse. If you should accidentally spill the contents of your sputum cup, inform the nurse or orderly of the fact, so that the place may be properly disinfected.

"3. Never swallow your sputum. Don't cough unless you have to. Hold a piece of gauze before your face when coughing or sneezing. Avoid soiling your hands, face or clothing with the sputum. Wash your hands before each meal.

"4. Unless instructed by the doctor or nurse to remain in bed, all patients able to walk must arise with the bell at 6 a. m. Patients must go to bed not later than 9:30 p. m., after which hour no games will be allowed in the ward.

"5. Patients are not allowed in the wards while the same are being cleaned, nor at any other time during the day excepting by special permission of the doctor or nurse.

"6. Patients must not brush their clothing nor shake their blankets or bedding in the wards.

"7. Patients are not allowed to raise or lower the windows nor to meddle with the valves of the radiators. If there is too much draught, or if it is too hot, inform the nurse and she will make the necessary correction.

"8. Your chances of getting well depend largely upon the observance of these rules. It is, therefore, to your interest to obey them and to see that they are followed by the other patients. The individual who breaks

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these rules is your enemy and should be promptly reported to the doctor or nurse."

Control must be exercised by the health department over residences as well as over cases. Just as with contagious diseases, so the occupation of an apartment by a case of tuberculosis may leave the place in a dangerous condition, and it is necessary then either to disinfect the apartment or to renovate it. Experienced inspectors should visit places known to have been vacated by death or removal, and measures suitable for the particular place should be recommended and enforced. If the walls are filthy and in bad condition, renovation, to be performed by the owners, should be required; otherwise disinfection of the rooms by formaldehyde gas and of the infected goods and furniture by steam should be provided. Occupation of the infected places by others should be prohibited until the renovation or disinfection is complete.

For completeness of control it is also necessary to take cognizance of early unrecognized cases and late unknown cases by broadcast warnings and advice concerning the dangers of any infectious material coming from such cases. There are therefore necessary both wide distribution of circulars of instruction worded and in language adapted to meet the needs of different classes, and also specific regulations, efficiently enforced, prohibiting spitting in public resorts, conveyances and, in general, wherever in public the sputum may become dry and dangerous.

The outline so far given may indicate the most important measures in the municipal control of tuberculosis.

The results of this control can now be stated at least partly from actual experience.

In the words of Dr. Biggs:

"There has been a more rapid fall in the tuberculosis death rate in New York than in any other great city in the world, and this notwithstanding the fact that the conditions are in many respects much more unfavorable because of the very dense population in the great tenement-house districts of the city, and the large element or foreign-born population. During the last ten years there has been a decrease of forty per cent. in the death rate in children under fifteen years from pulmonary tuberculosis and tuberculous meningitis, and also a decrease of the same amount in the total tuberculosis death rate in sixteen years."

Dr. Biggs also voices the feeling, I think, of all earnest students of the tuberculosis problem in saying that "tuberculosis is of all the important infectious diseases with which we have to deal, certainly the most preventable," and "the time is not far distant when those states and municipalities which have not adopted a comprehensive plan for dealing with tuberculosis will be regarded as almost criminally negligent in their administration of sanitary affairs, and inexcusably blind to their own best economic interest."

ABSTRACTS AND SELECTIONS.

CURE OF CUTANEOUS TUBERCULOSIS.

Roberto Campana (La Riforma Medica) cites ten cases of lupus of the skin cured by curetting and cauterization, without any recurrence. One case, after an apparent cure, recurred following an attack of erysipelas. In three cases there were severe septic complications, followed by recurrence of the original trouble. The author used tuberculin at long intervals and in small doses. The recurrence he believes due, not to the virulence of the tuberculosis, but to the aggravation of the septic complications. The best results from cauterization have been reached when septic complications have been avoided by local protection and asepsis. The use of tuberculin has aided in the resolution of the inflammation, has lessened the tendency to diffusion of the tuberculous process, and has produced a slight grade of immunity in the adjacent parts.

PLASTIC ARTIFICIAL VITREOUS IN MULES'S OPERATION.

E. L. Oatman, M. D. (Medical Record.) Three cases are reported in which paraffin was used in place of a glass ball. The results on the whole have been encouraging. Dr. Oatman draws the following tentative conclusions from his experience with this new method: 1. When fistula follows the Mules's operation it will close spontaneously if a sufficient quantity of the artificial vitreous can be removed. That which remains will form a good support for an artificial eye. 2. Paraffin used for this purpose is prone to produces fistula by softening and getting between the lips of the wound, or into the track of a suture. These accidents can usually be overcome by proper care. 3. A plastic material, like paraffin, will adapt itself to the inequalities on the surface of the glass shell, and ulceration from pressure is not apt to occur. 4. Paraffin beads are easily prepared, and may be used in special cases in which glass beads of the proper shape or size are not obtainable.

SOME UNUSUAL CASES OF TABES DORSALIS WITH REMARKS.

Reynolds (Rev. Neurology and Psychiatry). This is an account of four cases of tabes, all of which are unusual in the fact that the knee-jerk is present. In three of the cases there was likewise no ataxia. The diagnosis is not to be doubted, as the presence of Argyll-Robertson pupil in all cases

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and sensory changes in three of them allowed no other explanation of the symptoms. In the fourth case there were present loss of knee-jerk and Argyll-Robertson pupil, which, according to the author, are sufficient to make the diagnosis of tabes certain. In discussing these cases the author makes this statement: "I can not remember any cases apart from tabes and general paralysis in which the Argyll-Robertson pupil was present." He quotes Clarke's statement to the effect that it is not present in any syphilitic nervous disease apart from these two conditions. The author regards syphilis as the most important predisposing cause of tabes in probably ninety per cent. of the cases, and for this reason in the early stages of the affection he always orders mercury and the iodides. When the disease is established, antisyphilitic treatment does not do the slightest good.

TREATMENT OF GALL-STONES.

B. Farquhar Curtis (N. Y. Med. Jour) believes in operating when the stones are still in the gall-bladder or cystic duct and before grave infection has developed. The serious accidents of infection are avoided and any inflammatory condition which may exist can be improved or cured. The stone is removed before entering the common duct, thereby preventing all the dangerous consequences likely to follow a stone in that passage. Further attacks of cystitis and colic are prevented and further calculus formation is prevented or impeded, for the stones are formed in infected gall-bladders and the latter may be removed by operation or rendered so healthy by drainage that no more calculi will form. It must be remembered that latent cases are by no means free from danger, even though the patient is free from symptoms for years. The possibility of secondary pancreatitis must be kept in mind as well as the liability to cancer. Patients with gall-stones, although not having any symptoms referable to the gall-bladder, may have various dyspeptic complaints which can be relieved or cured by operation.

TREATMENT OF RENAL RETENTION DURING PREGNANCY.

In attempting to catheterize the ureters in a case of renal retention during pregnancy, Octave Pasteau (Bull. de la Soc. d'Obst. de Paris) failed. He noticed, however, that the distention of the bladder with fluid for this purpose was followed by increased excretion of urine and fall of temperature. Having made this observation he applied the same treatment in two cases of renal retention during pregnancy, and with apparent success. He found that reflex renal pain occurred at the time of vesical distention. When retention with infection was accompanied by elevation of temperature, the latter fell when the increased excretion of urine took place. The augmentation or diminution of the quantity of urine excreted varied directly with the degree and repetition of distention. The fluid employed is preferably boric acid solution warmed to body temperature. It must be injected slowly, stopping when the resistance of the bladder is felt or when the patient experiences a decided desire to urinate. This treatment must not be employed if the bladder is diseased. With cases of cystitis it causes pain and may lead to serious accidents. Even in the healthy bladder the distention must not be prolonged.

TWO CASES OF SEVERE X-RAY NECROSIS PRESENTING SOME UNUSUAL FEATURES.

C. E. Skinner (Journal of the American Medical Association) at the recent meeting of the American Roentgen Ray Society reported two cases of severe X-ray necrosis. In conclusion the essayist said the patients who tan well are not immune to burns. The physiologic action of the X-light is not confined to the stimulant or destructive influence on the tissues that already exist; it is capable of modifying more or less permanently the developmental functions that control cell growth. The cessation of the pain when the necrotic tissue was shed proves that this act as an irritant by developing toxins that act on the peripheral nerve endings. The direct electrical current promulgated healing; therefore galvanism may replace skin-grafting. The late appearance of new areas of necrosis may signify that the X-ray has a cumulative action. No two cases of X-ray burn will react uniformly to the same palliative agent. Patients should not be exposed to the X-ray with even a moderate degree of frequency through long periods of time, no matter how well they seem to bear them at first.

DIGITAL DILATATION OF THE CERVIX.

Koppe (Zent. f. Gyn.) believes that the fingers are more suitable for rapid dilatation of the cervix than a metal instrument, and recommends a technique which he has employed successfully. The uterus is pressed downward by an assistant while the middle, index and fourth fingers of the operator's left hand, held approximately in cone shape, are gradually forced into the cervix until a dilatation of sufficient degree has been produced to enable the right hand to be brought into service. For this purpose the fourth finger is removed while the middle and index fingers draw the cervix down and press it against the symphysis to hold it in place while the index and middle fingers of the right hand, the closed surfaces of

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the hands in contact, are pushed through the cervix under the left hand. By flexing the fingers a firm hold is obtained, and by a lever-like movement the cervix is soon sufficiently dilated to allow the use of forceps. This method is less violent than an instrumental dilatation, and one can estimate better the degree of the resistance and the progress.

PEROXIDE OF HYDROGEN IN ROUND ULCER OF THE STOMACH.

Novikoff (Jour. de Medicine) reports success in a certain number of cases of round ulcer of the stomach by the internal administration of peroxide of hydrogen. He uses a mixture of peroxide having a strength of thirty per cent. Of this seventy parts are added to distilled water eighty-five parts and syrup of orange, fifteen parts. Of this mixture a soupspoonful is given every two hours. In certain cases of ulcer of the stomach its administration causes epigastric pain or cardialgia, but this commonly disappears in a short time. In infants the dose must be less. It is especially valuable in gastritis and gastroenteritis of infants, and also in cholera infantum.

ECZEMA IN INFANTS.

At a meeting of the British Medical Association in Edinburgh, the discussion as to the origin of eczema was deeply interesting. Mr. Malcolm Morris upheld to a great extent Unna's view that the disease is of parasitic origin, going so far as to declare that he was of the opinion that parasites were capable of producing eczema even if it were not actually a parasitic disease. Dr. Talcott Fox said "that since the promulgation of Unna's ideas on eczema he had determined to study again the condition known as eczema, unbiased, as far as possible, by the learnings of his early training. In offering a few observations on the disease in children, he said he did so because in them the problem was, in a measure, free from some of the complications met with in later life. In infants and children he saw two phases of eczema. The first was the state commonly known as eczema, which began most frequently in infancy on the scalp and descended thence over the face to cover, in some instances, the greater part of the surface. The second phase consisted of dry, reddish areas, with scanty adherent scales, separating along the lines of flexion, but these patches might also, when irritated, take on a vesicular form indistinguishable from the first phase. This was also a descending inflammation, beginning on the face or scalp, as a rule, which he used to call seborrhea, but that was, no doubt, a bad term. This was the common affection described by Savell as epidemic among children. These phases ran into one another so much that he had constantly the greatest difficulty in separating them. In the next place he could find no cause whatever in the majority of children, for the patients were apparently in excellent health. He did not deny the influence of constitutional disturbance such as rickets or gastro-intestinal trouble in increasing the irritation and intensifying the inflammation, but the phases of eczema seemed to him to be essentially of local origin. It was possible that the future might disclose varieties caused by various parasites." The theory of parasites as a cause of eczema is rapidly gaining ground. Professor Lassar, of Berlin, scouts the idea of irritation from internal sources being the cause of eczema and points out how favorable are the skin changes in eczema to the growth of saprophytic and pathogenic micro-organism.

The local treatment of eczema in children with especial emphasis to the itching so prevalent in this trouble is overcome by the use of Resinol ointment.

Resinol can be safely used over the entire body. Where bathing is necessary the Resinol soap should be employed.

SOUNDING OF THE FALLOPIAN TUBES OR PERFORATION.

W. Thorn (Zentrabl. f. Gyn.) opposes the popular, yet unfounded belief of the possibility to introduce a sound through the uterine cavity into the normal Fallopian tube Of the numerous cases in literature of supposed successful sounding of the tubes, only two can stand criticism. In both cases the uterine ostium of the tube and intestinal part of the tube were abnormally wide. This extremely rare condition may arise from fibroids, interstitial pregnancy, lateral displacements of the uterus or from traction upon the tube which itself is adherent. Thorn has had the opportunity of observing two additional cases in which these premises were fulfilled and in which the uterine sound slipped into the lumen of the tube as was afterward ascertained upon operation. However, in by far the greater majority of cases the supposed sounding of the tube is nothing else but a perforation of the uterus. Numerous experiments with cadavers and with extirpated uteri have proved beyond a doubt that the introduction of the ordinary uterine sound through the inner opening of the tube is impossible. This fact is of great practical importance. For there are still many who adhere to the views of some older authors and employ "sounding of the tubes" in the treatment of sterility, pyosalpinx, hydrosalpinx, etc., and even in order to prevent further conception.

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EDITORIAL.

CONSTIPATION.

Glaessner (Wiener kliniche Wochenschrift, 1904, No. 45) gives the results of his experiments on animals in regard to constipation which he has been recently carrying on and which he reported to the Medical Society of Vienna on November 4, 1904. After first insisting upon the importance of a better comprehension of this condition, and the fact that all grades of constipation, both as regards degree and variety, are to be met with, he takes up first the various views held in regard to this condition, notably the view first suggested by Bouchard and later insisted on by Muller, that the majority of cases are characterized by an autointoxication from the gastrointestinal tract, which is of especial importance in the explanation of the multitude of symptoms produced in this condition. It was Nothnagel who first insisted that in some cases the condition might be purely functional—in other words, where the etiology of the condition is to be found in disturbances of the intestinal nerve and muscle apparatus, a view which Schmidt and Lohrisch have considerably emphasized. According to the last of these it is due to the presence of the formation of substances not sufficiently irritating that this type of constipation is produced. Another type is that in the etiology of which changes of a chemical nature play an extremely important role.

Glaessner has devoted his attention largely to attempts at producing constipation artifically in animals and to study the deviations from the normal metabolism produced by this artificial constipation. At first he attempted to produce this by the administration of enormous doses of opium, but he found that no definite changes in the secretions were produced by this method. In the second place he produced an artificial stenosis of the intestines by surgical means, but he found here, again, no essential change produced. Recently he has followed the suggestion of Prutz and Ellinger and produced constipation by the production of antiperistalsis, that is, by section of a certain portion of the intestine and its anastomosis in the reversed direction. By this means lasting constipation was produced, associated with a marked dilatation of the proximal part. Animals treated this way became gradually more and more emaciated, notwithstanding the administration of large amounts of food and the presence of a good appetite.

Very careful determinations were made regarding the various secretions in these cases, which, of course, presupposed the careful weighing of all the food administered. Nitrogen determinations of feces and urine were made—in other words, the attempt was made to determine just exactly what was the effect upon the bodily secretions of the gastrointestinal autointoxication produced by this extreme constipation of experimental type.

The special change noted was that while under normal conditions the nitrogen in the feces was present to a large extent as coagulable albumen, in the cases of experimental constipation this is not the case, but the amounts of coagulable and noncoagulable albumen were approximately the same. There were also present more products of proteid destruction than under normal conditions, especially of a basic nature; also there was a diminution in the stools of the animals experimented on of nitrogen and of total dried residue.

The urine showed a gradual increase in nitrogenous excretion, but the most inter-

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esting fact shown in this connection was the fact that although the ammonia excretion was normal immediately after a stool, there was a steady increase in its excretion from that time until the next movements, sometimes reaching an amount more than twice the normal. This is peculiarly interesting in relation to Czerny's views regarding acid autointoxications.

While these results are not especially striking in their practical application, they are of interest in suggesting some of the effects which may be due to constipation, in the hope that further investigations may be stimulated thereby.

HYSTERIA.

If it can be said that any one thing bothers the general practitioner, it must be that peculiar nervous condition called hysteria. One who has a large practice, especially over quite a rural territory will find any number of these cases upon which he must give his time and thought, being as much relieved when the manifestations have subsided as the patient herself. And it is usually a female. Men are by no means exempt, they being known to do some quite flighty, nervous acts under undue excitement and fear, and it is a well known fact that a great many men who hhave a headache from business worry, who also have indigestion often, have that hysterical globe rise in their throat at the onset and during one of these headaches. Age is important enough to consider, as girls who are adolescing are more prone to hysterical seizures than any other class of cases. Deriving its name from the uterus, our forefathers were not far wrong in associating this malady with the disorders of that organ or its nervous associates. Many cases have gone to the operating table to get relief, and some have been relieved. Curettements, hysterectomies ovariotomies, etc., have been performed galore, and will be continued to be performed for this trouble after months of worry on your and the family's part. And here we might mention that the patient seems devoid of worry in many instances. Although apparently unconscious during many of the phenomena she often admits or says voluntarily that she was conscious of all that was going on around her. They have stood on their heads and heels and been rigid as a board, and still, tell you the conversation that went on during their seizure. As to the many phenomena that occur, the skin phenomena are most interesting. Erythemata have occurred and are generally vasomotor in origin, but cases have been reported where excoriation occurred and scaling was present, which disappeared when treatment was directed to the hysteria. Zoster has occurred in many girls who have laughing and crying spells, the shingle patches selecting a nerve to occur near, but the total absence of neuralgia and neuritis was noticed. The condition can assume the most peculiar aspect, and the physician who has seen many of these cases is never surprised even at finding the most outlandish manifestation.

Other skin manifestations are those of pallor, which may alternate with flushing. The pallor usually is entirely over the body, but the flushing may be local and may appear and disappear and jump from one locality to another. These are due to the nervous effect on certain portions of the vasomotor system. Some authors have suggested these pallors and flushing due to "splanchnic storms," so-called and the gastro intestinal toxemias, indigestion, indiscretion in eating, etc., all tend to disorder the individual until a hysteria may result as a reflex condition from the small gut. Congenital flexures of the uterus as well as any of the malpositions may be sufficient cause of hysteria; with the aforenamed conditions we also have adhesions which may involve the ovary and produce some alarming manifestation. Inflammatory conditions do not as a rule tend toward hysterical seizures, but when a pelvic inflammation has subsided the resultant adhesions which are permanent may contract and involve some one of the adnexa or womb and the nervous phhenomena will supervene. Sexual excesses commonly cause the condition, particularly masturbation. It is found commonly in girls who are going to school, and between the ages of twelve and fifteen, puberty and adolescence, they are confined to the school room and home studying hard when the body at this time demands more exercise and fresh air than at any other period in life. And so this lays the foundation for a wearing out of the vital forces so much needed. Many girls are not properly instructed as to their relation to others in life, and erroneous ideas contracted from remote sources lay a splendid foundation for the emotional nature, a truly hysterical one. Women have been known to laugh at a simple joke or pun and gradually increase the laugh to a fit that is uncontrollable; or they may suddenly go from the laughing to apparently the most heart-rending weeping and cry until all of a sudden they would stop and wonder why they did so. Sensation disorders are common in the skin and areas of hyperesthenia and anaesthesia are found; sometimes extending over one side of the body. An anaesthetic area at times has been known upon a needle prick to not draw blood. There is often disorder in the senses of taste and smell and some cases will hunt a dark corner or room on account of the eye sensitiveness to light. Backache is a very common complaint of these cases. You are called upon to treat these woman who have their laughing or crying spells, or who

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go off in trances or who have convulsions and assume a position of opisthotonos and are as rigid as a board. It is an appalling sight to a family to see a beloved female member of that family stretched out with cold hands and feet, muttering that she is dying. You will not on all occasions be allowed to use the Pacquelin cautery; nor will a friend or relative allow you to go away and leave her to wake up and find no one present to sympathize with her. As a rule such treatment lengthens the intervals between attacks, but in many instances if suggested or practiced, the doctor loses the case. The family, though, do want something done and you usually are called on for a nerve sedative, and while morphine at the time relieves, think of the many consequences of the past, and don't use it. Bromidia does the work, and does not leave the patient depressed nauseated or addicted to its use. It has been the friend of the general practitioner for years, and on its just merits will continue. Give a drachm, repeat if necessary, and then go away, rest easy yourself as well.

SUBSTITUTION AND ITS REMEDY.

Substitution, which unfortunately is very prevalent, is a menace to the general public, and the sooner this fact is thoroughly understood the better it will be for all concerned. Substituting an inferior drug or one of different grade or character to that ordered by the physician may mean the difference between life and death.

The American Medical Journalist quotes the New York Medical Journal of December 10th, in which Dr. Arthur U. Taylor comments editorially on this subject, and points out that the only real protection which a physician and his patients have against this deplorable practice, is that afforded by law. So far, however, as New York State is concerned, to rely upon this form of protection is like leaning on a broken reed. The only statute in the State of New York designed to prevent this evil is found in Section 401, of the Penal Code. This statute is too vague and too open to legal controversy to adequately meet the situation.

The statute is altogether too indefinite and offers so many loopholes for lawyers to employ their ingenuity in twisting phraseology to their own purposes as to be practically of no effect. Several other States are absolutely without legislation on the subject. Dr. Taylor suggests that what is needed as a protection to the people and to the medical profession is an act making it a misdemeanor to incorrectly compound a prescription under any circumstances, and perhaps with a more severe penalty imposed where it is shown that evil results ensue upon the taking of a prescription so compounded.

That there should be a decided check placed upon those pharmacists who are sufficiently unscrupulous to substitute, is evident. The only effective way to reach them is by means of the law. Physicians, therefore, should use their undoubted influence upon State lawmakers to induce them to pass stringent laws which will stop the nefarious practice of substitution once and for all.

TUBERCULOSIS.

In the Deutsche Medicinische Wochenschrift Flugge discusses the ubiquity of the tubercle bacillus and the predisposition to phthisis. He energetically criticizes the present general tendency to consider the danger of acquiring tuberculosis to be ubiquitous. He insists that the danger is dependent upon contact with tuberculous cases or living in neighborhoods in which sputum is more or less freely expectorated. He reviews the literature to demonstrate that while tubercle bacilli may be found by chance in dust and dirt from almost any region, this occurs only occasionally, except in regions more or less closely connected with those suffering with tuberculosis. He criticizes von Behring's statements, particularly concerning the infantile origin of tuberculosis; although he believes that tuberculous cattle and their products do sometimes cause infection. He admits that the possibility of acquiring tuberculosis is widespread, but thinks to call it ubiquitous is to take away at once most of our power of controlling the disease. He also insists that too much has been said concerning the individual predisposition to tuberculosis, and leans toward the view that even moderately unhygienic conditions of life have nothing to do with the dissemination of the disease. In discussing its control he emphasizes the fact that it is not so much the character of dwelling in which one lives, as the fact that one is dwelling in the house with tuberculous persons, that is dangerous. The disease may be transmitted even in the open air.

E. Schwarzkopf (Deut. Arch. f. klin. Med. Bd. lxviii, Hefte 1 u. 2) has made a study of the importance of exposure to infection, of heredity, and of predisposition in the development of tuberculosis of the lungs. He insists that most of the observations already made upon this point are faulty in that they have not been comparisons of phthisical person with nonphthisical when both groups have been studied in the same way. The control observations on nonphthisical persons have been largely collected in a haphazard fashion. The author has made a study of 354 women having selected persons of this sex, because in them the social factors are such as to make the special points that he wished to investigate clearer. He compares the conditions in those that were phthisical and in those that were not phthisical, and

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finds that with manifest tuberculosis of the lung opportunity for infection has been present in 61.25 per cent. of the cases; while in those that were not phthisical there had been recognizable opportunity for infection in only 24.22 per cent. When the opportunity for infection is relatively slight, such as that to which almost any one may be subjected, repeated infection is necessary, in the author's opinion, in order to produce tuberculosis. The danger of acquiring the disease increases with the number of phthisical persons in the neighborhood and with the prolongation of the exposure to infection. Infection acquired in childhood produces, in Schwarzkopf's opinion, with only relative rarity, a manifest tuberculosis showing its first signs after the thirteenth year of life. When repeated opportunities for infection have occurred, children of this age show tuberculosis more frequently. The period of particular danger seems, from his statistics, to be between the fourteenth and the fortieth year, the danger increasing somewhat up to the end of this period. The menace of phthisical persons to those in their neighborhood seems to disappear when the subjects of the disease use the necessary rational measures in regard to coughing and expectoration. Mere hereditary predisposition to the disease does not, Schwarzkopf thinks, judging from his statistics, have the slightest influence upon the development of a manifest tuberculosis of the lung. In such cases there has always been exposure to infection. The latter is the actual cause of the development of the disease. Child-bearing and lactation seem to have an unquestionable influence upon the development of tuberculosis, and also to have an unfavorable effect upon the course of the disease.

A. Newsholme Lancet, Jan. 30, 1904) insists upon the extreme importance of direct exposure to the tubercle bacillus in the propagation of tuberculosis. He mentions an instance in which a woman had tuberculosis; her child died of tuberculous meningitis; one sister who had aided in nursing her acquired a condition that was probably tuberculous; and three servants who worked in the house developed tuberculosis.

A. Marmorek reports in the British Medical Journal his most recent work on the production of an antituberculous serum, discussing his view that the tubercle bacillus produces not only tuberculin, but also another toxin, and presents his reasons for thinking so and for believing that the young microbes, especially, produce a large amount of this toxin. In order to maintain the primitive characters of these young bacilli, he has used culture-rediums containing a leukocytic serum, and also one consisting of glycerinated liver-bouillon. He claims that in this way he has obtained a large amount of the supposed toxin, and that, by injecting this into horses, he has produced a serum afterward used by him for treating human and experimental tuberculosis. His results with human subjects are not mentioned in detail, but he claims excellent effects—particularly in surgical tuberculosis.

Dr. D. A. Shiley, of Chicago, claims with his combined serums to have found the long-sought remedy for tuberculosis, not only of the pulmonary tissues, but wherever in the body it may be located.

The principles of cure in the uncomplicated disease are two: 1st, to remove the cause, which is now well known, and, 2d, to build up the exhausted vital forces. The combined serums he claims meets and fulfills these two conditions just as nearly as it is now, or ever will be possible for any remedy to meet and fulfill. That it kills the bacilli in the body there can be no doubt, says shiley. Continuing Dr. Shiley writes: The tests as prescribed by Koch and other eminent investigators, I have made many times, and the unqualified success I have met with in every instance, proves this beyond dispute. The death of the bacilli, however, does not mean their immediate removal from the body, but it does mean that no further colonization can take place and the disease is at once limited to that portion already infected. Their final removal from the body can only be accomplished through disintegration and expectoration. If the anatomical lesion is small, this will be speedily accomplished, but if a large portion of both lungs is involved, and the deposit heavy, it must of necessity be slow. My experience has taught me that the slower it takes place the better for the patient, as a too rapid breaking down leaves so much abraded surface in the lungs that the formation of pus on these surfaces may be in large enough quantities to produce septic infection and a low fever that interferes to such an extent, that the desired upbuilding of the system is impossible. This condition sometimes occurs with cavities, that, having been entirely cleaned of tuberculous matter, in healing become lined with a membrane that secretes pus, the absorption of which induces a low grade of septic fever and thus keeps up the appearance of the disease.

Dr. R. E. Muller, of Philadelphia, reports a number of cases treated with the Shiley combined serums with excellent results.

Dr. C. W. Corey, of Hartford City, expresses great faith in the serum, and reports the cure of one case and the rapid improvement of another case under treatment.

Dr. E. C. Fortner, of Chicago reports the case of a butcher, age 29, married, addicted to beer-drinking and cigarettes, developed pulmonary tuberculosis in June, 1903. November 18, 1903, examination showed involvement of apices of both lungs and lower lobe of right lung; great emaciation; profuse

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expectoration; microscopical examination of sputum revealed mixed infection and an abundance of tubercular bacilli; night sweats; harrassing cough; had had frequent hemorrhages, varying in severity, occurring almost daily, for a period of about three weeks; temperature ranged from 100 in the morning to 103 at night. Disease was progressing rapidly towards final dissolution, and the usual remedies for like conditions produced practically no abatement.

At this time (November 18, 1903), writes Dr. Fortner, I commenced treating him with Dr. Shiley's combined serums for tuberculosis, giving in connection iodo-hydrargyrate of calcium compound, the result of the treatment being as follows: There was rapid and satisfactory amelioration of all active manifestations of the disease from the beginning and now after four months' treatment, the patient does not, and has not for some weeks, shown any indications of the disease other than a very slight expectoration in the morning, the microscopical examination of which shows exceedingly few tubercular bacilli. There are no night sweats, no fever, no hemorrhages. The patient has gained in weight, has peaceful sleep, contentment of mind and good appetite and digestion.

He has not yet regained his full strength and may never do so, as his breathing capacity is greatly lessened, as the examination of November 18th, as mentioned above, would indicate, the destruction of lung tissue at that time being very extensive. The surroundings of this patient, sanitary conditions, ventilation, etc., are very unsatisfactory, and his financial condition such that he does not have the benefits of a proper nourishing diet.

I have also used the combined serums in two other cases of tuberculosis, and I do not hesitate to say that I have obtained far more and far better results from their use than from any other method of treatment for tuberculosis that I have ever use and I can not too strongly recommend their use in all such cases.

J. C. Bowie in the (Lancet) reports his results in treating tuberculosis of the lung with high frequency, low potential currents and intralaryngeal injections of antiseptics, such as iodin, thymol, menthol, or guaiacol. He describes a number of cases treated with this combined method, and considers the results extremely encouraging.

NEURASTHENIA.

Man is a wonderful piece of mechanism and in his daily routine he can accomplish many things. He is capable you might say of deep thought or wonderful judgment or phenomenal executive ability, etc. There is a definite proportion existing of this energy or ability to work and when this said energy is exhausted the ability is decreased in proportion to that wearing out and a condition of fatigue is said to supervene. An energetic person is spoken of as being a bundle of nerves when he seems untiring in all things he does for it is nerve force that makes a man work. The nerves must will to the muscles to make certain motions so that they may accomplish the object in the form of action desired by the individual. So it is then that fatigue bears a definite relation ship to work and a certain and definite amount of recuperation in the form of rest must follow in order to have the body repaired for another period of labor. As also is it absolutely necessary for the mind to be pleased with and not abashed at the work done, for when it does not please there is no interest and when interest wanes there is more rapid exhaustion than with interest. Then it is that a state of the mind called worry supervenes and the nerve force decreases. This condition of course occurs in the overworked hence in the weakened condition there is usually a panicky attempt at exertion and there follows exhaustion which can be rightly called nerve exhaustion.

In this condition one is irritable and is said to be nervous and there is a morbid reaction and response to the slightest irritations. At the slightest noise one will startle violently. The mention of work immediately suggests his inability to do something that was interesting to him, but that tired him excessively. The fact that one knows his past ability and his present incompetency increases his mental state and aids to worry him. Such a serious condition is called neurasthenia or nerve exhaustion and is a combination of a worn out body state followed close by a worn out mental state accompanied by the many sorry mental aspects of the latter. Neurasthenia has been well defined as a functional nervous disorder, not a disease, of a chronic nature. There is excessive nervous weakness as well as irritability. The disposition of the individual is usually a nervous one which renders him or her more susceptible to exhaustion. Even though these cases are of a neuropathic disposition, they certainly will consider themselves lucky to get back to their original good mind and body condition. Bioplasm is a wonderful builder of the nervous system and if these cases would be put to rest and dieted, surrounded by the most pleasant environment, and then given bioplasm in ten grain doses every four hours and later three times daily, you will see them improve. It is given in all nervous disorders where there is exhaustion and excessive nervous irritability.

Take five drops of the tinct. of pulsatilla every two or three hours, and apply locally, until the swelling subsides; it is valuable in orchitis.

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Abstracts and Selections—Continued.

MENSTRUAL DISORDERS.

George S. Walker, M. D., of Staunton, Va., First Assistant Physician in charge of Female Department, Western State Hospital, writing on this subject in the Brooklyn Medical Journal reports the following cases:

Case 1.—Miss V. F. Aged twenty-one years. Was admitted June, 1901. She said that she had not menstruated for nearly a year, and attributed her suffering in body and mind to this fact. She was despondent, and on the verge of committing suicide. The reflex effects of the uterine disturbance were also manifested by the derangement of function in nearly all the organs. There was entire loss of appetite and a practical cessation of digestion, accompanied by pain after eating. In October, 1901, I began to give her two capsules of ergo-apiol (Smith) three times a day until after her expected periods, without any effect. During the month of November I gave her two capsules three times a day, and continued the treatment until December 12, 1901, when her menstruation returned in a perfectly normal manner. No unpleasant after-effects whatever were noted at any time during this treatment. She improved both mentally and physically during the time of taking this emmenagogue, and her condition was so remarkably ameliorated that she was discharged cured when the menstrual function had been re-established.

Case 2.—Miss M. B. S. Aged twenty-four years. Has been suffering from amenorrhea for a year, which persisted in spite of all treatment. She was melancholy and had a very poor appetite and other disturbances due to her suppressed menstruation. In November, 1901, I began giving her two capsules of ergo-apiol (Smith) three times a day. I continued this treatment without any appreciable effect, except that the patient seemed to feel more comfortable, and at certain times during the month she experienced the subjective sensations accompanying the onset of menstruation. Finally, her menses returned on April 21, 1902. The menstruation was perfectly normal. One week before the next succeeding period I gave her two capsules of ergo-apiol (Smith) three times a day, and when the time came for the onset of the flow it appeared in a normal manner. The remedy was continued in doses of one capsule three times a day while the flow lasted. Since the re-establishment of her normal function the patient has gained both mentally and physically, and regained her mental balance and her usual cheerfulness, so that she was discharged cured.

Case 3.—Mrs. L. D. C., Aged fifteen years. A girl of fine physique, who had first menstruated at the age of nine years, but always very irregularly. The menstruation disappeared for a year and then returned. When admitted she was very irregular with a scanty flow that lasted but one day and was accompanied by severe pain in the head, loins and pelvis. A week before her expected period in January, 1902. I began giving her one capsule of ergo-apiol (Smith) three times a day. At the end of one week her menstruation returned, and lasted four day, the flow being normal in amount and accompanied by very little pain. The same treatment was pursued in February, with similarly good results, and from that time on the function was fully established and remained so. There was a marked improvement in both physical and mental condition and she was discharged from the hospital cured.

From my experience with ergo-apiol (Smith) and from the experience of a number of other observers, whose findings are published in the literature of the past few years, this remedy represents an emmenagogue of the highest type of efficiency combined with the inestimable advantages of safety, trustworthiness and absence of any unpleasant after-effects. It is probable that ergo-apiol owes its efficiency to the particular type of apiol that it contains, the pure product from which all irritating and injurious impurities have been removed. But it is unquestionably also the accessory remedies, which enter into the combination that contribute to the efficiency of the whole; ergo-apiol was easily and agreeably taken by all the patients to whom I administered it, and in no case was there any nausea, eructation, or any other gastric disturbance. Unlike most other emmenagogues, it requires only small doses continued for a comparatively short time to bring about the desired therapeutic effects. Ergo-apiol (Smith) has not only a stimulating effect upon the menstrual function in amenorrhea, but also a tonic effect upon the muscle fibres of the uterus, for after it has been administered for a few months, the uterus is almost always able to resume its function without any further aid from external sources.

In conclusion, I may note the fact that the treatment of amenorrhea in the insane is always a matter of greater difficulty than in persons with normal minds, and that a remedy that produces perfect therapeutic results, such as I have noted with ergo-apiol (Smith) in insane women, may be expected to perform the same services even more promptly in the average case of amenorrhea as met with in ordinary family practice. This is proved conclusively in the numerous cases reported by various observers who employed ergo-apiol (Smith) in menstrual disorders. Ergo apiol in shape of capsules administered three times daily in doses of one

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or two, beginning a little before the expected menses, and continuing through the period, has proven the most efficient, prompt, safe, and pleasant emmenagogue that I have ever employed. My experience with the drug was such as to lead me to adopt it as a routine treatment in amenorrmea.

EXAMINATION OF THE UPPER PHARYNX BY DIGITAL PALPATION AIDED BY EXPLORATORS.

Courtade (Le Bulletin Medical) states that digital examination of the upper pharynx is one of the most frequently employed methods for determining the existence of adenoid vegetations. It is subject, however, to various inconveniences: It can not be used in very young children, in whom the pharynx is too small to admit the index finger; it is with difficulty that the finger can reach as far as desirable, even in the adult pharynx; the exploration is of too short duration; the finger can examine only half of the pharynx, and it becomes necessary to introduce the two index fingers successively; disinfection of the hand should be rigorous, and this consumes time; finally the examining finger is liable to be bitten. With the five explorators, the use of which the writer advocates, the pharynx can be examined without difficulty at all ages. Antisepsis is easy and rapid. The diameter of the instrument is so small that it can be passed into the narrowest throat, and as deep as may be desired. Only one exploration is necessary for a complete examination. The instrument is far more easily tolerated than the finger. Thus, if necessary, the examination can be repeated. This examination by mediate touch, practised on 150 patients, has given very valuable results.

HYPERTROPHIC MYOPATHY FOLLOWING TYPHOID FEVER.

Babinski (Revue Neurologique.) This is an interesting contribution to the subject of diseases of the muscles, a subject which is at present in a very important stage of development. The case was that of a woman, aged seventeen years. Following an attack of typhoid fever some four years ago, there developed a stiffness and a difficulty in moving the right arm. The paralysis was in no sense complete, but extension of the hand was impossible. The electrical examination showed a lessened degree of faradic and galvanic excitability. The case then is a myopathy of the upper right extremity as a result of typhoid fever having in all probability a peripheral origin. This myopathy can be called hypertrophic because there was a dissociation in the moral activity of the group of muscles affected as owing to the enfeeblement of some, there resulted a state of hyperactivity in the others, producing the usual condition of hypertrophy.

CONGENITAL ICTERUS WITH SPLENIC TUMOR.

A most peculiar pathological condition came under the observation of H. V. Krannhals (Medical News.) A patient presented himself for jaundice and its concomitant symptoms, which had troubled him since early childhood. Otherwise he felt perfectly well, and physical examination was negative, except for a fairly large firm spleen. Further questioning elicited the remarkable fact that several sisters and brothers, his mother, grandmother, and aunt, and some more distant relatives, were just as yellow and also complained of an abdominal tumor. The urine of the patient contained no pathological elements except bile; his feces were never alcoholic, and his blood showed a moderate anemia with polychromatophilia. The pathology of the condition is not known since autopsy records are not at hand, but it is likely that the enlargement of the spleen is the primary condition, and that the bile in the serum results from the action of some toxin in the liver.

TETANUS COMPLICATING TYPHOID FEVER.

We find an abstract (New Orleans Med. and Surg Jour.) pointing to Caussade's experience. On the twentieth day of a typhoid fever case there developed unmistakable signs of tetanus. No hypodermic injection had been given. The case developed typical tetanus, and died on the twenty-sixth day. Cultures in anacrobiose gave characteristic fecaloid odor, and moreover, microscopical and experimental confirmations were made by expert Momont, of Pasteur Institute. It is evident that hereafter the common diagnosis of cerebro spinal meningitis complicating typhoid fever should need revision.

EPIDIDYMITIS DUE TO THE BACILLUS OF EBERTH.

Manson (Le Bulletin Medical), reports the case of a man aged 35 yars who was convalescent after an attack of typhoid fever. He was amusing himself in his garden one day, uprooting a little tree, when he felt a pain in the right testicle, which he attributed to a strain. On the next day his temperature rose, and a very painful swelling of the head of the epididymis developed. For seven or eight days, the swelling increased, with slight reddening

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of the edematous mass. An indurated tumor was clearly palpable. It was painful on pressure, of the size of a large nut, and located at the head of the epididymis. The diagnosis of suppurating epididimytis with a possibility of tuberculosis, was made. The ureter, prostate, and vas deferens were not involved. An incision was made, followed an outflow of thick pus, resembling that of a cold abscess. The cavity was curetted and tamponed. The patient recovered in eight days. Examination of the pus revealed the presence of Eberth's bacillus. The affection was a complication of typhoid fever, having developed, as is common, from the twenty-fifth to the thirtieth day.

THE TREATMENT OF NEPHRITIS.

In the treatment of acute or chronic parenchymatous nephritis one must exercise the utmost amount of care in his selection of the remedial agents as well as his best judgment as to the recognition of the pathology or the real condition of those tissues involved in this morbid process. Many people consider that they only have a kidney condition to deal with as well as, and worse, patients, quite a few, believe when they have a scanty urine, that they have an incompetent bladder that does not rid the body of enough water. It is also hard to make a patient believe, that when his limbs are in a dropsical condition it is his kidney that is incompetent as well as the heart at fault in others. This, even so, primarily with the kidney alternating secondarily is the condition on many an occasion. Many practitioners do not get a case until in the latter stages of cardiac insufficiency or hypertrophy from some remote cause and when the kidney, which is secondarily involved, exhibits a morbid change giving casts in the urine, the disease is called a Bright's disease and from the minor amount of costs the disease is believed in its incipiency. How few when patients complain of a backache or languid feeling and state they notice a free or a scanty urine, will persist farther and find a beginning nephritis, or as we should say, suggests and then it is that the blood pressure should be noted or the urine examined for albumen and casts to prove that the patient has the disease in question. A very valuable aid is some instrument that can gauge the blood pressure and recognize the "water hammer pulse," that which results from the increased pressure of the blood in the vessels in consequence of the hypertrophy and increased force of the heart to force the watery elements and salts through the body filter, the kidney. This is of vast importance for you can then, after knowing the amount of pressure, tell to what extent you may prescribe the drugs that will depress or stimulate that heart, and thereby alter the pressure. It should be noted. A philosopher once said that giving digitalis in too strong a dose in a nephritis was like trying to blow a nose that was stopped up, He argued that the force behind each increased the congestion, hence the swelling and of course after more swelling, more occlusion. As to the truth of this we are unprepared to say, but the reasoning makes good for those who are unprepared to deny the same. As said before, one must bear in mind all of the conditions that had any bearing upon the malady. In the treatment, nursing or prophylaxis one should consider the kidney, heart, vascular tubes and the alimentary tract and consider them about in the above order. Another point not to be neglected is the fact that the liver might be placed in its best condition to aid the alimentary tract (i. e., the small and large guts and rectum) to eliminate the water that is being stored up in the tissues. The heart should be examined to the extent of outlining its borders. It should be palpated to find how far the apex beat is out of its normal site of appreciation. And furthermore it should be listened to to hear the presence of any murmurs whether due to organic change or haemic in character, or whether it is tumultuous, irregular or intermittent. A brief resolution of the aforenamed multiple conditions associated in a disease like morbus Brighti one must surely infer that remedies that will not overstimulate or overpress or overtax any of these structures are the ones wanted. And still the want demands some agents that will gently, and only gently stimulate the heart and keep its pressure even and the same; one that will keep and insure the integrity of the blood vessel calibre; and one that will gently stimulate the renal epithelium to give up its water (diuretic) is the remedy or combination to prescribe in these cases. The alimentary tract wants to be made to eliminate some of the water by its route and to this end a concentrated magnesium sulphate solution is given at bed time, which draws water from the tissues to the magnesium sulphate in the gut, as it never leaves the alimentary tract except by the anus (or vomited soon after imbibing.) This may also stimulate the liver, but cascara may be also given, but before the salts. A remedy that will mildly maintain the blood vessels calibre, stimulate the heart and promote diuresis is anasarcin and as it comes in a small tablet it can be given in small doses with the desired effect even in mild nephritic cases.

ACUTE LEUKEMIA IN EARLY LIFE.

F. S. Churchill, (American Journal of the Medical Science) gives a careful study of a well observed case, and a resume of the

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twenty-two cases reported. He says that all cases of leukemia are myelogenous in origin. In infants as in adults the acute variety is more apt to be of the lymphatic type. The disease is rare in early as well as in later life, but it is probably more common than has been supposed. Of the twenty-two cases of the acute or subacute variety, fifteen have been reported since 1898, while previous to that only seven cases were recorded. The course of the disease in children differs from the adult type only in minor details. The hemorrhages are fewer and less severe, and the lymphocytosis is more apt to be of the small variety. The disease is always fatal.

SHALL WE USE RAW OR COOKED MILK?

Hermann Brunig (Munchener Med. Woch.) answers this question by recounting the results of an experiment made on a family of four dogs. Two were artifically fed, one on raw and one on cooked cow's milk, one nursing the mother continually and one nursing the mother and then drinking cow's milk cooked. The last two both developed normally, the one who nursed all the time doing best. The animal that was fed on cooked milk did fairly well, weighing less than the other two, and having symptoms similar to human rickets. The animal fed on raw cow's milk did worst of all. He developed a nephritis and a tuberculosis of the intestinal tract. The author believes that this experiment tends to show the paramount value of mother's milk, as well as the danger of raw cow's milk.

UNCERTAINTY IN THE MICROSCOPIC FINDINGS IN THE EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS.

H. C. Clapp, (American Medicine.) Sanatorium treatment for tuberculosis to have its full value must be applied early in the disease. Prior to Koch's discovery of the tubercle bacillus, physicians often spoke of patients who were threatened with pulmonary tuberculosis or had weak lungs. The diagnosis of tuberculosis was not made until a comparatively advanced stage of the disease. The discovery of the bacillus and the application of staining methods to the sputum pushed the diagnosis further back, and it also demonstrated that patients could be tuberculous who had few if any classical symptoms of the disease. For a time the microscope was thought to give the very earliest intimation of the onset of the disease. It was also found that patients might die of tuberculosis of the lungs who had either no sputum to examine or in which tubercle bacilli were not found. Such cases proved that an early diagnosis of tuberculosis meant the recognition of the disease before the germs appeared in the sputum. Their appearance shows that a certain amount of ulceration is necessary for the liberation of the germ and its expulsion by the mouth. Such a necrotic process is not the first stage of the disease. A small deposit may be favorably situated in the lung tissue near a bronchus so that it may break down and be discharged before much damage is done to the rest of the lung. In other cases the tuberculous deposits may gain considerable magnitude before enough softening has taken place to allow of the escape of the bacilli.

At the State Sanatorium for Consumptives, Rutland, Massachusetts, the sputum is examined for the tubercle bacillus each month. In very many cases it will be present for some time, and then disappear, to again reappear. A number of genuine cases of tuberculosis have been treated in which no tubercle bacilli were ever found in the sputum, and yet they were unquestioned cases of tuberculosis.

A SURGICAL DRESSING MATERIAL.

It often happens that one wants a dressing to be used in every one of his cases and one that can be adapted to all of his cases and still possess all the properties of the many kinds of material that is on the market at the present time. Cotton is a pretty nice dressing at times, but when it has absorbed a great deal of discharge it gets soggy so to speak and is very disagreeable to be felt on the parts covered by the same. Gauze is a fairly good sample of a dressing, but has the same disadvantage that the cotton has when saturated. When one figures on the dressing to use especially in the cases of vulvar pads for women who are menstruating, or those who are wearing pads to catch the lochial discharges it will pay to investigate a pad material that is easily ventilated and resilient as well as absorbent. It is also desirable to have a material that can be easily sterilized before using as well as easily burned after use. A material of this kind is Hartmann's Wood Wool. It is quit popular as a napkin for women; they finding it of great convenience in traveling in that it is about a third as heavy as most of the materials in common use and it is cool and is not found irritating to the parts. These points are not to be overlooked, for they may add a great deal of comfort to the one to use the pads. Wood wool is made in the form of absorbent sheets of various sizes and it is used for dressings for bed sores, accouchements, operations and it is utilized also in the cribs and carriages of babies. The wool when not soiled can be sterilized and is then perfectly safe for further use.

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ENUCLEATION WITH THE AID OF RASPATORY FOLLOWED BY THE INSERTION OF A SKIN-FAT FLAP.

Rollet (La Clin. Ophthal.) The conjunctiva around the cornea is divided as in the ordinary operation. The recti muscles are then caught up on a strabismus hook and separated from their scleral attachments with a raspatory. Sutures are then passed through each. The obliques are separated in the same manner, and finally the optic nerve is divided.

A circular area of skin, the diameter of which is a little greater than the diameter of the cornea, is dissected up from the deltoid region, along with its subcutaneous cushion of fat, transferred to the socket and sutured to the recti tendons with catgut. There is thus formed an island of skin surrounded by conjunctiva.

The advantages of this procedure are twofold. In the first place the stump is reinforced and, secondly, a new attachment is afforded for the recti muscles, thus insuring greater mobility for the artificial eye.

Medical Gleanings.

Dr. Schoen Ladniewsky believes calomel to be an intestinal antiseptic without a peer.

Hyoscyamus is indicated when there is delirium with hallucinations, and in spasmodic movements of hysterical origin.

Don't give every headache a coal tar. Try iodide of potash, on some, and pepsin and hydrochloric acid on others.

In doses of two and one-half grains, in pill form,given at bedtime, oxide of zinc has proved valuable for night sweats in phthisis.

An old mammary adenoid tumor suddenly beginning to show a rapid growth, is probably becoming a sarcoma.

Dr. Anders recommends phthisical patients to practice recumbency during the day, in association with deep breathing.

After severe hemorrhage, burns or lacerated wounds, the prompt use of moderate doses of morphine is of extreme value in diminishing pain and lessening shock. By quieting the restlessness and showing the heart's action it is also apt to lessen hemorrhage.

After intra-abdominal operations distress from gas low down in the bowel is best relieved by enemata of hot water. If there is some shock and the presence of intense thirst, or if the latter alone exists, a pint of saline solution by the rectum will relieve the shock and to a considerable degree assuage the thirst.

B. G. A. Moynihan reports three illustrative cases of partial nephrectomy which illustrate the possibility of saving portions of the kidney in cystic disease (two cases), and myxosarcoma (one case). In all three cases the patients made perfect recoveries from the operation, and were entirely cured.

Dr. Chas. E. Quimby, discussing the pneumatic differentiation in the treatment of organic disease of the heart, endeavors to show that any agent which decreases vascular tension is an ideal therapeutic measure in organic disease, and that "pneumatic differentiation" lowers vascular tension, increases blood flow, and coincidentally increases nutrition.

Mankovski reports a case in which the microscopical examination of a growth removed from the lower end of the large intestine of a man, fifty years old, revealed the presence of both carcinoma and tuberculosis. Tubercle bacilli were demonstrated within the giant cells. There were no clinical indications of tuberculosis in this case. Owing to the lack of clinical data, the author refrains from expressing an opinion as to which of the affections was primary.

Tuffier has performed lumbar puncture in ten cases of cranial and spinal injuries. He collects the cerebro-spinal fluid extracted in three separate test-tubes, for accurate examination. Both cerebral contusion and hemorrhage, as well as fracture of the skull, can cause a sanguinolent cerebro-spinal fluid. In the treatment of pressure symptoms in cerebral injuries he considers lumbar puncture of value.

It is a pretty difficult matter to know when to amputate a limb on account of phlegmonous or septic infection. This operation is usually required when there is an extension of the trouble in spite of treatment, whenever a condition of toxemia develops and endangers life, or whenever, notwithstanding the fact that the disease is subsiding, a useless limb would result.

Dr. Lapthorn Smith advises never to use the forceps until the woman has been twenty-four hours in labor, if a first confinement, or twelve hours if a second or subsequent one, unless there is some urgent indication to do so; never to use the forceps to save one's own time, and to remember that the woman's safety increases with the fewness of the digital examinations. The forceps should never be used when there are no uterine contractions, and, in fact, a fair chance should always be given to Nature before resorting to the forceps.

Aldo Tozzi describes the case of a girl of nine years who was suddenly affected with laryngospasm and severe coughing. The diagnosis was difficult, no cause for the attack being discoverable. Santonin and calomel caused the evacuation of many lumbri-

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coids. The following day the child was in a state of prostration so extreme that a fatal termination was looked for at any minute. The condition improved, to be succeeded by an extraordinary enlargement of the neck, owing to air in the subcutaneous tissues. This swelling gradually extended to the chest and arms; the face, the whole body, in fact, down to the feet, were enormously distended, and the condition lasted for days. The parents, convinced that the child was dying, would allow no interference. By degrees, however, the emphysema disappeared, the heart became stronger, the cough vanished, and in a month the child was entirely restored to health.

Clive Riviere says that croupous pneumonia occurs in infants below the age of two years as frequently as, and probably more frequently, than in older children; (2) that in infants a diagnosis between croupous pneumonia and broncho-pneumonia is often impossible, many cases of broncho-pneumonia with lobar consolidation appearing in the post-mortem room with a diagnosis of croupous pneumonia; (3) that on account of this difficulty statistics based on diagnosis alone are quite untrustworthy; (4) that this error can be largely eliminated when after much searching only a contrary result appears, and the compiler finds his former belief upset and disproved as the result of his investigation; (5) that the mortality in croupous pneumonia is largest in the first year of life (25 per cent.) is considerable below the age of two years (15.4 per cent.) but for children above this age is comparatively small (2.3 per cent.)

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worse until, finally, the pain and suffering and distress compel them to seek that medical advice which they should have sought in the early stage of their trouble, when a simple method of treatment would probably have restored them to health. This neglect makes many a chronic invalid, and the physician is often discouraged and disheartened as no improvement follows treatment after treatment. It is, therefore, a source of gratification to know that in the Kahama suppository the physician has an effective remedy in this class of cases. It can be applied by the patient under the direction of the physician without the frequent examinations that are so distressing to young women especially. In old, chronic cases Kahama will relieve quickly the distressing symptoms, and restore the organs to healthy activity. The composition of Kahama renders it an important, rational and effective remedy for physician's use in the whole field of obstetric and gynecologic practice.

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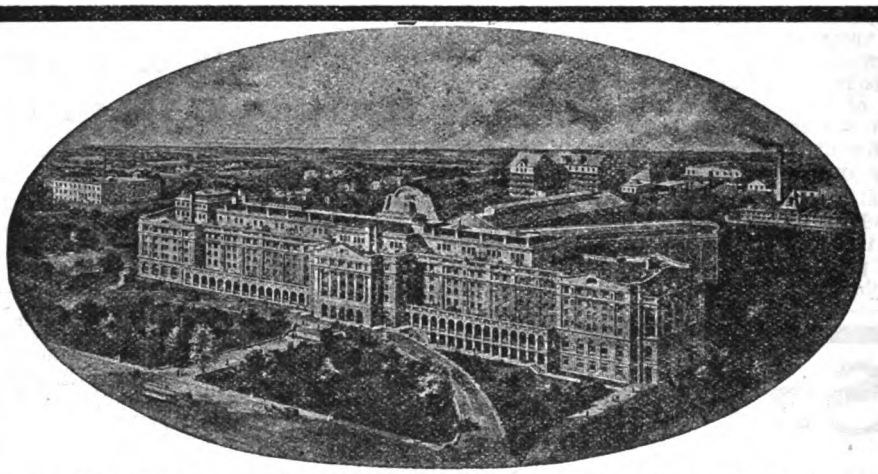

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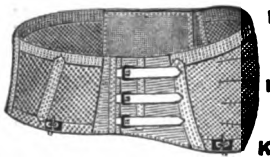

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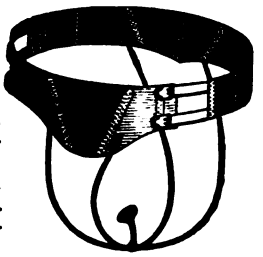

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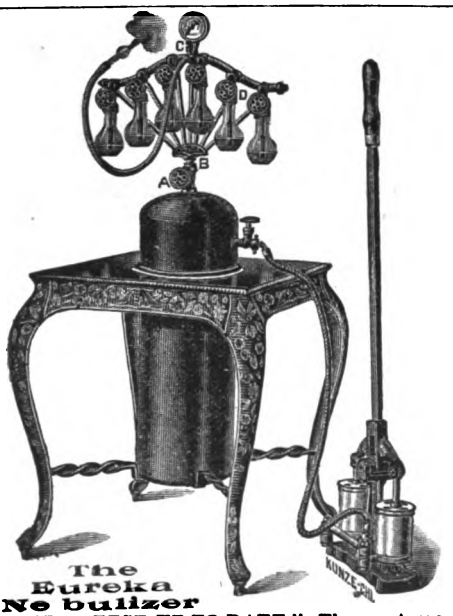

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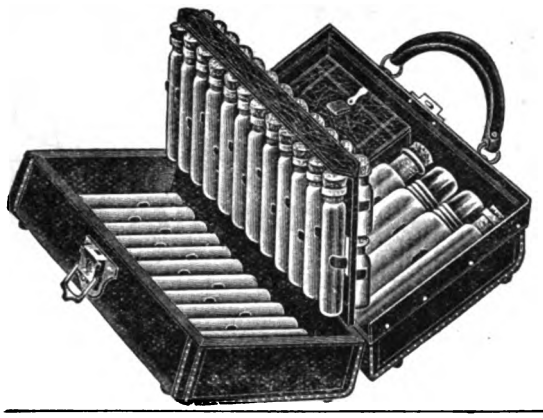

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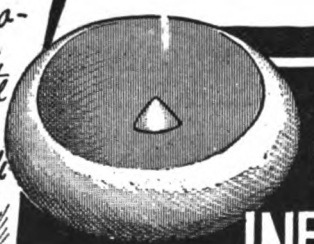

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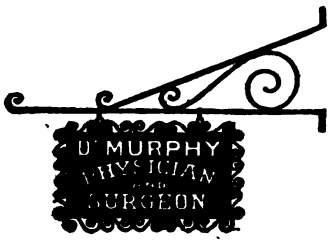

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